

FILED **JN**
10/26/2021

SM

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Michael Mayo

1:21-cv-05014

Judge Robert M. Dow, Jr
Magistrate Judge M. David Weisman
PC7
Direct

RECEIVED

SEP 21 2021 *MP*

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

CCDOC Medical Staff

Cermak Health Services

Cook County Sheriff's Dept, Tom Dart CCDOC

Case No:

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

FILED

pl **SEP 21 2021** *KS*
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

A. Name: Michael Cooper Mayo
B. List all aliases: N/A
C. Prisoner identification number: 20181127027
D. Place of present confinement: Cook County Jail
2700 South California
E. Address: ██████████ Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: CCDOC Medical Staff
Title: _____
Place of Employment: Cook County Jail
B. Defendant: Cermak Health Services
Title: _____
Place of Employment: Cook County Jail
C. Defendant: Cook County Sheriff's Dept. Tom Dart
Title: Sheriff
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: N/A

B. Approximate date of filing lawsuit: N/A

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A

D. List all defendants: N/A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A

F. Name of judge to whom case was assigned: N/A

G. Basic claim made: N/A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A

I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

On March 13, 2020 plaintiff became aware of the COVID-19 virus spreading throughout the jail. At the same time CCDOC decided to stop passing out soap. Grievance filed Mar 13, 2020 (Exhibit A)
During this time all services were stopped (law Librarian, sheet exchange, sick call, dentist, laundry, showers backed up, grievances are not given out) In addition guards sit outside deck offering no protection. On March 30, 2020 plaintiff filed grievance for no mask, gloves or hand sanitizer. There is no social distance on 3G which is a dorm with 39 men at (Exhibit B) On April 17, 2020 plaintiff tested positive for COVID-19 virus.
On April 24, 2020 plaintiff filed grievance stating Cook County Sheriff's and Cermak Health did not take appropriate measures to protect me from the virus, (Exhibit C) On May 2 2020 CCDOC was in violation of federal judges injunction on COVID-19. Plaintiff filed grievance on May 2, 2020 (Exhibit D) After plaintiff's deck (division 8/36) was quarantined, CCDOC continued to add newly infected inmates. Plaintiff filed grievance (Exhibit E)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

CCDOC used COVID-19 virus as a reason to leave violence on 36 unchecked. Plaintiff's safety was in danger on a daily basis. Plaintiff filed grievance on May 4, 2020 (Exhibit F) On Sept. 7, 2020 Plaintiff filed grievance for the continued neglectful behavior as it relates to COVID-19 (Exhibit G)

As a result of testing positive for the COVID-19 virus I experience continued shortness of breath and I have not regained my taste.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I pray the court finds my claim both complete and accurate and find in favor of the plaintiff for compensatory damages, punitive damages and nominal damages against each defendant jointly and severally.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11th day of Aug, 2021

Michael C. Mayo
(Signature of plaintiff or plaintiffs)

Michael Mayo
(Print name)

20181627027
(I.D. Number)

2700 South California
Chicago, IL 60608
(Address)

6
[If you need additional space for ANY section, please attach an additional sheet and reference that section.] Revised 9/2007

E ~~X~~ h i b t A



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit A

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

March 13, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
March 13, 2020	all day	Division 8 / 3G	Tom Dart Cook County Sheriff Cook County Jail

clam 43 and diabetic. Today I found out that we are no longer issued soap, in addition to that we are no longer able to buy soap from commissary. The County has decided to issue us .35 oz Amer Fresh 3 in 1 packs. At a time when a virus is running rampant they take soap away. These 3 in 1 packs are not enough to last a week. Being diabetic along with my other health issues it is important that I stay clean! Now because of this soap issue we can not wash our clothes either. This is not healthy for anyone to live under these conditions.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información.)

Beds, Boxes and Officers on duty

INMATE SIGNATURE: (Firma del Preso):

Michael C. Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

W. Scale

SIGNATURE:

W. Scale

DATE CRW/PLATOON COUNSELOR RECEIVED:

3-17-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

Scales

2020

CONTROL NUMBER

INMATE #

02963 794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Mayo

Michael

2018-1127027

GRIEVANCE ISSUE AS DETERMINED BY CRW:

100 - Hygiene

IMMEDIATE CRW RESPONSE (If applicable):

CRW / REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

OBITU - Sun

DATE REFERRED:

3/18/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

Soap is passed out 2x weekly. There is no shortage of

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV/DEPT:

DATE:

TDR

GIA

08/10/20

4/20/20

INMATE SIGNATURE (Firma del Preso):

JDU, VIA COVID 19 PROZ Ame

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

4/30/20

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

INMATE COPY

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 15 2020

During the time this grievance was filed no soap was being distributed. This was during a period when COVID-19 was spreading rapidly in the Cook County Jail.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Sí)

No (No)

Recd 5/13/20

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

It takes time to measure to take place
due to the extenuating circumstances,
of COVID-19

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a)):

DATE (Fecha):

TDR

5/14/20

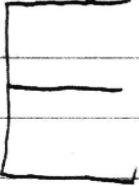
5/14/20

INMATE SIGNATURE (Firma del Preso):

JDU, VIA COVID 19 PROZ Ame

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/26/20

 Exhibit B



COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
 (Formulario de Queja del Preso)

Exhibit B

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

<input checked="" type="checkbox"/> Emergency Grievance <input type="checkbox"/> Grievance <input type="checkbox"/> Non-Compliant Grievance	<input type="checkbox"/> Cermak Health Services <input type="checkbox"/> Superintendent: _____ <input type="checkbox"/> Other: _____	
PRINT - INMATE LAST NAME (Apellido del Preso): Mayo	PRINT - FIRST NAME (Primer Nombre): Michael	INMATE BOOKING NUMBER (# de identificación del Preso): 20181127627
DIVISION (División): 8	LIVING UNIT (Unidad): 3G	DATE (Fecha): March 30, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRARIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) 3/30/2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) all day	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8 / 3G	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Tom Dart Cook County Sheriff Cook County
--	--	--	---

I am 43 years old and have a compromised immune system due to multiple health conditions (Kidney failure, diabetes and high blood pressure). On multiple dates I have asked for protective gear such as mask, gloves or hand sanitizer, to date none of these things have been provided. In addition with the spread of the COVID19 virus, that has been identified on the 3rd floor where I am housed there has been no cleaning of the living area or the shower space in months. Our clothes are cleaned at best every 2-3 weeks. Finally what is even more crazy is the expectation of social distance in a space of about 3500ft² with about 40 men whose bunks are only 36 inches apart.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): S. Davis	SIGNATURE: S. Davis	DATE CRW/PLATOON COUNSELOR RECEIVED: 3-30-20
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print): S. Davis	SIGNATURE: S. Davis	DATE REVIEWED: 3-30-20

COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/Apelación)

DANIS

2020

CONTROL NUMBER

INMATE #

03615

798313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

Mayo

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

20181122027

8507

GRIEVANCE ISSUE AS DETERMINED BY CRW:

006-CV-Issue doc

IMMEDIATE CRW RESPONSE (if applicable):

CRW REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

8507 Super Doc Admin (8)

DATE REFERRED:

8/10/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

All detainees have been given MASK TO WEAR

PERSONNEL RESPONDING TO GRIEVANCE (Print):

T. D.

SIGNATURE:

T. D.

DIV/DEPT:

08/107A

DATE:

4/20/20

INMATE SIGNATURE (Firma del Preso):

Delu. vint Covid 19 - Proc Chz

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

4/30/20

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

WHITE COPY

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso:) May 15/2020

The first inmate with COVID-19 was taken of our deck in early March when we made our request for mask. It was not until mid April that we received mask for after everyone on the deck was infected with COVID-19. This is like giving me a glass after someone poured milk on the floor!

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) NO

RECD 5/13/20

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

BR

ORIGINAL RESPONSE BY INMATE

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

1602K6

SIGNATURE (Firma del Administrador o/su Designado(a)):

J. A.

DATE (Fecha):

5/14/20 2020

INMATE SIGNATURE (Firma del Preso):

Delu. vint Covid 19 Proc Chz

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

5/20/20

(FCN-72) (NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - C.R.W.)

(PINK COPY - INMATE)

Exhibit C



COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)
INMATE GRIEVANCE FORM
(Formulario de Queja del Preso)

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

Emergency Grievance
 Grievance
 Non-Compliant Grievance

CONTROL #

INMATE ID #

794313

Exhibit C

! Para ser llenado solo por el personal de Inmate Services !

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso):

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

April 24, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.
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The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)
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The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.
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El asunto de la queja no puede contener lenguaje ofensivo o amenazante
La solitud de la queja no puede contener más de un asunto.
El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
Nov 27/18 going	07 going	Division 8/3G	Tom Dart Cook County Sheriff Medical Staff

I have been in the custody of the Cook County Sheriff since Nov. 27, 2018. I have been exposed to and tested positive for COVID-19 due to the condition at the Cook County Jail. The Sheriff have not taken appropriate measures to protect me from the virus.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información):

Coronavirus Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Other

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5/7/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Other

SIGNATURE:

DATE REVIEWED:

Exhibit D



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit D

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 2, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
May 2, 2020	May 2, 2020 12:01 AM	Division 8/3G	Tom Dart Cook County Sheriff's

I am in the custody of CCDOC. On April 27, 2020 a federal judge placed an injunction on CCDOC requiring them to provide daily mask to all inmates, hand sanitizers, stop the use of bullpens, and group housing. CCDOC was given until Friday May 1, 2020 to comply with this order. As of May 2, 2020 CCDOC is still in violation of this federal judge's injunction.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

Cameras and staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Supt. FENDER

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Swangler

SIGNATURE:

DATE REVIEWED:

5-11-20

Exhibit E



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit E

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

Cermak Health Services
 Superintendent: _____
 Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

May 2, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Hora del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
on going	on going	Division 8/36	Tom Darr / Medical Staff Cook County Sheriff Cook County Jail

On April 17, 2020 most of the inmate on 36 division 8 tested positive for COVID-19 virus. The 5 inmate that did not test positive were moved to 3E. Those of us that were left on 36 were told we were being placed under quarantine for two weeks. For the past two week, multiple inmates who tested positive have been added to our deck. According to a statement made by the head nurse Ms. Anderson on May 1, 2020 individual who had COVID-19 and recovered can be reinfected if re exposed to the virus. According to a statement made by Dr. Ennis on May 1, 2020 (CDC is adding newly infected inmate with our deck to see if we become infected. We are lab rats!)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

Carmela, Nurse Anderson, Dr. Ennis

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Sup. L. Fennell

SIGNATURE:

L. Fennell

DATE CRW/PLATOON COUNSELOR RECEIVED:

5-4-20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Debra M. Fennell

SIGNATURE:

Debra M. Fennell

DATE REVIEWED:

5-11-20

(FCN-73)(NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - CRW/PLATOON COUNSELOR)

(PINK COPY - INMATE)



COOK COUNTY SHERIFF'S OFFICE
 (Oficina Del Alguacil del Condado de Cook)
INMATE GRIEVANCE RESPONSE/APPEAL FORM
 (Formulario de Queja del Preso/ Apelación)

Swanson

CONTROL NUMBER

INMATE #

2020

C4797

944313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

Moya

INMATE FIRST NAME (Primer Nombre):

Michael

ID Number (# de Identificación):

20181107007

GRIEVANCE ISSUE AS DETERMINED BY CRW:

COS - COVID-19

IMMEDIATE CRW RESPONSE (if applicable):

RTU Disciplinary notified in writing

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

Cermak

DATE REFERRED:

5/12/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

Cannot provide closure to allegations of communication. Response by inmate
 to remain of grievance at all times. You have a right to bring a case
 to an audience for concern for the conditions provided. inmate can speak to
 its authority. I am doing my best to respond to your claim of mistreatment.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shetler

SIGNATURE:

Susan Shetler

DN/DEPT.:

COS

DATE:

6/12/20

THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID-19 Proc. Chrg

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/9/2020

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

JUN

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): June 1 (6/12/20)

The facts are the facts. I can prove the allegations
 because I heard it with my own ears.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si) No

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

Research activities have not
 been conducted.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a):)

Anne Jurew

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

06/19/20

THIS SECTION IS TO BE COMPLETED BY INMATE

INMATE SIGNATURE (Firma del Preso):

Delv. via COVID-19 Proc. Chrg

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

6/22/2020

(FCN-72) (NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - C.R.W.)

(PINK COPY - INMATE)

Exhibit F



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(1 of 3)

Exhibit F

CONTROL #

INMATE ID #

2020-04912

194.313

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

Emergency Grievance
 Grievance
 Non-Compliant Grievance

 Cermak Health Services Superintendent: Other: O.P.R.-T.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso):

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) April 22, 2020 April 22, 2020 May 2, 2020	REQUIRED - TIME OF INCIDENT (Horas del Incidente) Various	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) Division 8/3G	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) Cook County Sheriff's
---	---	---	---

In the Cook County Department of Corrections inmate information handbook, Chapter 3 inmates rights, privileges and services page 9, Number 11 states, "You should feel safe in your living unit. I am housed in division 8/3G in less than 2 weeks I have experienced three violent attack by inmate with little or no assistance from CCDC. On April 22, 2020 I witnessed a vicious attack on an inmate who slept in bunk 3G13. This inmate was attacked by a mob of inmate in the bathroom. There was never any assistance from CCDC.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o preso que tengan información): Cameras and Staff	INMATE SIGNATURE: (Firma del Preso): Michael Mayo
---	--

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): CW FREEMAN	SIGNATURE: CW FREEMAN	DATE CRW/PLATOON COUNSELOR RECEIVED: 12 MAY 20
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2 of 3)

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

CONTROL #

INMATE ID #

2020 * 04912

794313

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Grievance Non-Compliant Grievance

DSD

 Cermak Health Services Superintendent: Other: O.P.R.-T.S.

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

DIVISION (División):

8

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso):

20181177027

LIVING UNIT (Unidad):

3G

DATE (Fecha):

May 4, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

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DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

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El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - <i>Tom Dact / Medical Staff</i> NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
April 27, 2020	Various	Division 8 / 3G	<i>Cook County Sheriff's</i>
April 29, 2020			
May 7, 2020			

The inmate stumbled to the front door bleeding and with multiple contusions. On April 29, 2020 he was maced and witnessed savage attacks to a fellow inmate that included him being hit with a concrete and attacked by more than five inmates. He witnessed him beating on the security glass while he screamed for help from Cook County Sheriff. Once again there was no assistance for over an hour. On May 7, 2020 he witnessed a brutal fight between two inmates. Even after several minutes of them beating each other to a bloody pulp no sheriff

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)

Counselor and Staff

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

M.W. Fingerman

SIGNATURE:

M.W. Fingerman

DATE CRW/PLATOON COUNSELOR RECEIVED:

12 MAY 2020

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(3053)

CONTROL #

INMATE ID #

0000 * 04910

794313

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

<input checked="" type="checkbox"/> Emergency Grievance	<input type="checkbox"/> Cermak Health Services	
<input type="checkbox"/> Grievance	<input checked="" type="checkbox"/> Superintendent <i>Officer - J.S.</i>	
<input type="checkbox"/> Non-Compliant Grievance	<input type="checkbox"/> Other: _____	
PRINT - INMATE LAST NAME (Apellido del Preso): <i>Mayo</i>	PRINT - FIRST NAME (Primer Nombre): <i>Michael</i>	INMATE BOOKING NUMBER (# de identificación del Preso): <i>20181127027</i>
DIVISION (División): <i>8</i>	LIVING UNIT (Unidad): <i>30</i>	DATE (Fecha): <i>May 4, 2020</i>

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody/inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grieved issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente) <i>Apr. 12, 2020</i>	REQUIRED - TIME OF INCIDENT (Horas del Incidente) <i>Various</i>	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente) <i>Division 8 / 36</i>	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado) <i>Tom Dact / Michael Mayo Cook County Sheriff</i>
--	--	--	--

entered the deck. The only assistance that was given was one sheriff yelling "Stop fighting" to the inmate. As a result of this unsolicited violence I can not sleep and when I do sleep I have violent nightmares. After enduring the stress of no count, testing positive for COVID19 and the neglectful behavior of CCDC I am requesting a psych evaluation.

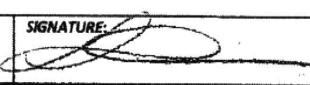
NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o preso que tengan información:)*Cameraman and Staff*

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>Tom Dact</i>	SIGNATURE: <i>Tom Dact</i>	DATE CRW/PLATOON COUNSELOR RECEIVED: <i>12 MAY 2020</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATEREVIEWED:

COOK COUNTY SHERIFF'S OFFICE <i>(Oficina Del Alguacil del Condado de Cook)</i> INMATE GRIEVANCE RESPONSE/APPEAL FORM <i>(Formulario de Queja del Preso/ Apelación)</i>		<i>Greenvan</i> CONTROL NUMBER INMATE # <i>2020 *</i> 04912 794313	
INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY			
INMATE LAST NAME (Apellido del Preso): MAYO	INMATE FIRST NAME (Primer Nombre): MICHAEL	ID Number (# de Identificación): 2018-1127027	
GRIEVANCE ISSUE AS DETERMINED BY CRW: 080: FAILURE TO PROTECT IMMEDIATE CRW RESPONSE (If applicable): CCW PIP provide inmate with CHS request form for any medical or medicinal issued from alleged incident..			
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): O.P.R.I.S.	DATE REFERRED: 05/12/20		
RESPONSE BY PERSONNEL HANDLING REFERRAL SEE ATTACHED			
PERSONNEL RESPONDING TO GRIEVANCE (Print): Supv LFENDER	SIGNATURE: 	DIV/DEPT. IS Admin	DATE: 5/12/20
INMATE SIGNATURE (Firma del Preso): Detv. via COVID 19 Proc Chng.	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 5/12/2020		
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)			
<p>To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies. <i>(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)</i></p>			
INMATE COP			
DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): May 14 2020 <p>I have never been given a medical request form during this period. Only a sign up sheet, which I was the first on the list but was never called. Cook County Sheriff did not take appropriate measures to protect me. Please review cameras to support my claim.</p>			
ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si) <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>(Apelación del preso aceptada por el administrador o/su designado(a)?)</i>			
INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):) Original Response to Detv.			
INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): JM Mellen	SIGNATURE <i>(Firma del Administrador o/su Designado(a):)</i>	DATE (Fecha): 5/27/20	
INMATE SIGNATURE (Firma del Preso): Detv. via COVID 19 Proc Chng. THIS SECTION IS TO BE COMPLETED BY INMATE			
INMATE SIGNATURE (Firma del Preso): Detv. via COVID 19 Proc Chng.		DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 5/28/20	

Inmate Grievance Number: 2020x04912
Numero De Queja

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

Su alegación(es) han sido enviadas a la Oficina del Departamento de Revisión Professional (OPR) y al Superintendente de la División para una revisión y/o investigación.

You may follow-up with the Office of Professional Review by contacting their office directly, by utilizing the address below or submitting an inmate request form, to speak with the Divisional Superintendent.

Usted podrá darle seguimiento a su alegación(es), contactando al Departamento de Revisión Professional (OPR) de manera directa, utilizando la dirección que está en la parte de abajo o sometiendo una Forma de Solicitud del Preso para poder hablar con el Superviniente de la División.

To exhaust your administrative remedy (regardless of the OPR investigation review, determination or outcome) you must appeal this immediate grievance response within 15 calendar days.

Con el fin de agotar los recursos administrativos (independiente de la revisión de la investigación, decisión o el resultado de OPR) usted debe apelar la respuesta principal de esta queja dentro los 15 días calendarios.

Office of Professional Review
3026 S. California Ave
Building 2 / 4th floor
Chicago, Illinois 60608

INMATE COPY

~~Exhibit G~~



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Exhibit G

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Grievance Non-Compliant Grievance Cermak Health Services Superintendent: _____ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de Identificación del Preso):

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

36

DATE (Fecha):

Sept. 7, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arrest in agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles. El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correcional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La soltud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - Cermak Health NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
Sept. 7, 2020	12:00 - 12:30pm	Division 8/36	Cook County Sheriff's Tom Dart

Today between 12:00-12:30pm overcell, division 8/36 was notified that an inmate had once again tested positive for COVID-19 virus. El testé positivo para el COVID-19 virus el 17 de abril de 2020. (Fue re-testado el 11 de agosto de 2020 con un resultado negativo). On March 30, 2020 el notificó ((DOC)) through a grievance, that the conditions in division 8/36 were not conducive to a safe COVID-19 free environment. Elas the inmate grievante response/appeal form ((DOC stated, "All detainees have been given mask to wear." (Control # 2020-03615))

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: (Nombre del personal o preso que tengan información):	INMATE SIGNATURE: (Firma del Preso):
Nurse Anderson/Staff/Camera	Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): Siedl/Wilson	SIGNATURE:	DATE CRW/PLATOON COUNSELOR RECEIVED: 9/3/20
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

(2 of 2)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY!

(! Para ser llenado solo por el personal de Inmate Services !)

 Emergency Grievance Cermak Health Services Grievance Superintendent: Non-Compliant Grievance Other:

PRINT - INMATE LAST NAME (Apellido del Preso):

Mayo

PRINT - FIRST NAME (Primer Nombre):

Michael

INMATE BOOKING NUMBER (# de identificación del Preso)

20181127027

DIVISION (División):

8

LIVING UNIT (Unidad):

3G

DATE (Fecha):

Sept. 7, 2020

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies. The grieved issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grieved issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles. El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibió no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED - DATE OF INCIDENT (Fecha del Incidente)	REQUIRED - TIME OF INCIDENT (Horas del Incidente)	REQUIRED - SPECIFIC LOCATION OF INCIDENT (Lugar Específico del Incidente)	REQUIRED - NAME and/or IDENTIFIER(S) OF ACCUSED (Nombre y/o Identificación del Acusado)
Sep 7, 2020	12:00 - 12:30 pm	Division 8/3G	Cermak Health Cook County Sheriff's Tom Dart

CCDOC has had month to correct their negligent behavior, but has done little to nothing to improve our living conditions. We are still on a deck with 39 men who sleep within 36 inches of each other, but according to a growing response dated 5/12/20 # 2020-4799 -CCDOC is in compliance with all current covid as well as all state and CDC guidelines. We are now being subjected to re-infection and have been quarantined for 21 days. Re-infected inmate Efrain Arias # 20180127004

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o preso que tengan información:)

Newell Anderson / Staff / Camarosa

INMATE SIGNATURE: (Firma del Preso):

Michael Mayo

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Michael Mayo (Signature)

SIGNATURE:

Michael Mayo

DATE CRW/PLATOON COUNSELOR RECEIVED:

9/18/20

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

Newell Anderson (Signature)

SIGNATURE:

Newell Anderson

DATE REVIEWED:

COOK COUNTY SHERIFF'S OFFICE
(Oficina Del Alguacil del Condado de Cook)INMATE GRIEVANCE RESPONSE/APPEAL FORM
(Formulario de Queja del Preso/ Apelación)

INMATE COPY

Sneed

CONTROL NUMBER	INMATE #
202011482	794313

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Mayo	INMATE FIRST NAME (Primer Nombre): Michael	ID Number (# de Identificación): 20181127027
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GRIEVANCE ISSUE AS DETERMINED BY CRW: (YVR-CV Issues DRC)

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): DIV 874-500

DATE REFERRED: 9/9/20

RESPONSE BY PERSONNEL HANDLING REFERRAL

The CACO has implemented procedures to reduce the spread of Covid-19 with guidance from the CDC and other health organizations.

PERSONNEL RESPONDING TO GRIEVANCE (Print): T. Bonelli #736	SIGNATURE: 14 Bonelli	DIV./DEPT.: RTG	DATE: 9/18/2020
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INMATE SIGNATURE (Firma del Preso):

Delv. via COVID 19

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

09/22/20

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): Sept 122/2020

The Cook County Sheriff and Cermak Health have not done enough to protect me because they refuse to social distance in division 8. We are still housed in a dorm setting with almost 40 men with serious health issues.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL? Yes (Si) No

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

CCDOC is in compliance with all current Covid-19 guidelines

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): Verro	SIGNATURE (Firma del Administrador o/su Designado(a)):	DATE (Fecha): 9/28/20
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INMATE SIGNATURE (Firma del Preso):

Delv Via COVID19

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

10/1/20

